139/149

### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Magnolia 15.512 Acres, Ltd.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Magnolia 15.512 Acres, Ltd.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
7757 San Felipe, Suite 204, Houston, Texas 77063 (713) 789-0466
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)
Brief Description of Business  Acquisition and holding of real estate
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Type of Business Organization  corporation business trust  limited partnership, already formed limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization:    O
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq or 15 U S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filipp of a federal notice.

	•	A, BASIC	IDENTIF	ICATION DATA	•			
2. Enter the information reque	sted for the follo	owing:						
• Each promoter of the	issuer, if the issu	er has been organize	d within th	ne past five years;				
<ul> <li>Each beneficial owner</li> </ul>	having the power	r to vote or dispose, o	r direct the	vote or disposition a	f, 10% or more	of a class of equity :	securities of the is	suer.
Each executive officer	r and director of	corporate issuers and	of corpor	ate general and mana	iging partners o	f partnership issue	rs; and	
Each general and man	aging partner of	partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Own	ст П	Executive Officer	Director	General ar		
Magnolia 15.512	_	_			_	Managin		
Full Name (Last name first, if in	idividual)							
7757 San Felipe,	Su1te 204	, Houston,	Texas	77063				
Business or Residence Address	(Number and S	treet, City, State, Zij	Code)					
		=					17	
	A Promoter	Beneficial Own		Executive Officer	Director	General ai Managin		
Evans, Jennifer-	<del> </del>	Magnolia I	5.512	GP, LLC, a	Texas li	mited liab	ility com	pany 
Full Name (Last name first, if it	(dividual)							
7757 San Felipe,				77063				
Business or Residence Address	(Number and S	treet, City, State, Zip	p Code)					
		<u></u>				<b>—</b>		
	Promoter	Beneficial Owr	_	Executive Officer	Director	▼ General al Managin		
Pollak, Michael-P	lanager of	Magnolia l	5.512	GP, LLC, a	Texas 1f	mited"liab	g Pariner ility com	pany
Full Name (Last name first, if it	idividual)			-				
7757 San Felipe,	Suite 204	, Houston,	Texas	77063				
Business or Residence Address	(Number and S	treet, City, State, Zi	p Code)					
				<del> </del>				
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 📋	Executive Officer	Director	General a Managin	nd/or g Partner	
Full Name (Last name first, if is	ndividual)							
,	ŕ							
Business or Residence Address	(Number and 5	Street, City, State, Zi	p Cade)	<del> </del>				
	•							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owi	ner $\square$	Executive Officer	Director	☐ General a	nd/or	
Chock Can(co) mattrippiy			ப			·	g Partner	
Full Name (Last name first, if i	ndividual)							
tott traine (base traine trest, iv t								
Business or Residence Address	(Number and !	Street, City, State, Zi	p Code)					
	(**************************************		,					
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗇	Executive Officer	Director	☐ General a	.nd/or	
		<u> </u>				Managir	ng Partner	
Full Name (Last name first, if i	ndividual)		_					
The rame (bust hame this, is	,							
Business or Residence Address	(Number and	Street, City, State, Zi	p Code)					
THE THE STATE OF T	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	,,					
Check Box(es) that Apply:	Promoter	☐ Beneficial Ow	ner 🗀	Executive Officer	Director	☐ General a	nd/or	
Auser povies/ mar ubbilt					₩ 3 <del></del>		ng Partner	
Full Name (Last name first, if i	ndividual)	· · · · · · · · · · · · · · · · · · ·						···
THE TRAINS (LAST HAIRS HIST, II I	nvi-iuuai)							
Dusiness or Decidence Address	/Number of 1	Ctreat City State 7	n Code					
Business or Residence Address	(1401110c1 8110 )	outti, City, State, Al	ih Conc)					
	/11== 1:1=	le about on annual		onal conies of this al	haat ne masse			
	(Use blar	ik sheet, or copy and	use additi	onal copies of this s	neet, as necessa	uy)		

					B, II	NFORMAT	OÑ, ABOU	T OFFERI	NG		· · ·		
1, 1	Hac the	icener cole	1 05 4005 1	ha issues is	tand to so	II to non a	aaraditad i	nalasto na in	this offer	7		Yes	No
•••	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									<b>Z</b>			
What is the minimum investment that will be accepted from any individual?									s 50	,000.00			
											Yes	No	
	B. Does the offering permit joint ownership of a single unit?												
( (	commis If a pers or states	sion or sim on to be lis i, list the na	ilar remune ted is an ass	ration for s sociated pe proker or de	olicitation rson or ago aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
Full 1	Name (1	Last name	first, if ind	ividual)			_		_				•
Busin	ness or	Residence	Address (N	lumber and	Street, C	ity, State. Z	ip Code)						
Name	c of As	ociated B	roker or De	aler									
State	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
1	(Check	"All State:	s" or check	individual	States)	*******				*************		□ ∧I	1 States
[	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if ind	ividual)				·····					
Busin	ness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name	c of Ass	ociated Bi	roker or De	aler		<del></del>					<u> </u>		
State	s in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	_ <del></del>					
	(Check	"All State:	s" or check	individual	States)					***************************************		☐ AI	I States
]	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	MI OII WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (	Last name	first, if ind	ividual)									
Busin	ness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)				<u> </u>	· · ·	
Nami	e of Ass	sociated B	roker or De	aler		<del></del>	<u> </u>			<del> </del>	<del> </del>	<del></del>	
State	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		-				
	(Check	"All State:	s" or check	individual	States)							☐ AI	I States
[	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

#### 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt S Equity ...... \$\_\_\_\_ Common Preferred ) ......**S**\_\_\_ 0 Total \$2,000,000 \$2,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amoun: of Purchases Investors 9 \$ 2,000,000 Accredited Investors \_\_\_\_\_\_\_ Non-accredited Investors Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 ..... Regulation A ..... Rule 504 ..... \$ 0.00 Total .....\_ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... X \$\_ 1.000\_\_\_ Legal Fees \$\_20,000\_\_ Accounting Fees \_4\_000\_\_ 0 Engineering Fees Sales Commissions (specify finders' fees separately)...... n\_\_\_\_ \_\_0\_\_ Other Expenses (identify) \$ 25,000 Total .....

"C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	es and use of proceeds	
b. Enter the difference between the aggregate offering price given in response to Parand total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	the "adjusted gross	s 1,975,000
5. Indicate below the amount of the adjusted gross proceed to the issuer used or propocach of the purposes shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equal proceeds to the issuer set forth in response to Part C — Question 4.b above.	h an estimate and	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		
Purchase of real estate	S	X \$_1,700,00
Purchase, rental or leasing and installation of machinery and equipment	□ <b>c −0</b> −	□s -0-·
Construction or leasing of plant buildings and facilities		<del></del>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	s	
issuer pursuant to a merger)		- <b>-</b>
Repayment of indebtedness		
Working capital	_	
Other (specify): Real property taxes		<u> </u>
Developer's fee to city	<del></del>	X\$ 175,000
Column Totals		
Total Payments Listed (column totals added)		1,975,000
D. FEDERAL SIGNATUR	E	
The issuer has duly caused this notice to be signed by the undersigned duly authorized possignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and the information furnished by the issuer to any non-accredited investor pursuant to pa	Exchange Commission, upon writt	
Issuer (Print or Type)  Magnolia 15.512 Acres, Ltd.  Signature  Line P. C	Vans Date 2/10/	107
Name of Signer (Print or Type) Title of Signer (Print or Type		neral partner
Magnolia 15.512 A	cres, Ltd.	

# ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE	\	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes [	No <b>X</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / O	Date
Magnolia 15.512 Acres, Ltd.	Lange L'Esvano	2/10/17
Name (Print or Type) Jennifer Evans	Title (Print or Type) Manager of Magnolia 15.51	12 GP, LLC, general partner of
	<u> </u>	··

Magnolia 15.512 Acres, Ltd.

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
	Intend to non-a	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)					fication te ULCE attach ition of granted) Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
ΛL											
AK											
AZ								<u></u>			
AR											
СА			 								
СО								;			
СТ											
DE											
DC											
FL											
GA											
н											
ID			·								
IL			·}								
IN									Γ.		
IA											
KS											
KY											
LA											
ме											
MD											
МА											
MI											
MN											
MS											

#### APPENDIX 2 3 ţ Disqualification Type of security under State ULCE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No Investors **Investors** Yes No State Yes Amount Amount MO MT NE NVNHNJ NM NY NC ND OH OK OR PΑ RΙ SC SD TN limited partnership TXinterests --0--0-\$2,000,000 X \$2,000,000 X UT VTVAWA wv WI

				APPI	ENDIX	, 4. ·			
l		2 I to sell	3 Type of security and aggregate		5 Disqualification under State ULC (if yes, attach explanation of				
	to non-a	ccredited s in State	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	Number of Number of Accredited Non-Accredited			Yes	No			
WY									
PR									